



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:						
Unice	Examiner: Mitchell, Jason D.					
Application No.: 10/037,530) Art Group: 2193					
Filed: January 3, 2002						
For: Method and Computer Program Product for Providing a Device Driver						
AMEN	<u>IDMENT</u>					
Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Sir:						
In response to the Office Action mailed November 4, 2005, applicant respectfully						
requests the Examiner to enter the following amendments and to consider the following						
remarks.						
FIRST CLASS CERTIFICATE OF MAILING						
	ence to be deposited with the United States Postal Service as first class s paper or fee has been addressed to the Commissioner for Patents, P.O.					
	ry 6, 2006					
Date of Deposit Leah Schwenke						
Name of Person Mailing Correspondence						
Ollah Jehwene	February 6, 2006					
Signature	Date					



FEATURE NSMITTAL FOR FY 2005 Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27. Complete if Known Application Number 10/037,530 Filing Date January 3, 2002 First Named Inventor W. Kyle Unice Examiner Name Mitchell, Jason D. Art Unit 2193

TOTAL AMOU	INT OF PAY	MENT (\$)	0.00	Attorney Dock	et No.	42390P10195		
METHOD OF PAYMENT (check all that apply)								
Check Credit card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP								
For the abov	e-identified	d deposit account, the Dire	ector is l	ereby authoriz	zed to: (cł	neck all that apply)		
	fee(s) indic	cated below		Charg	ge fee(s) i	indicated below, except for the filing fee		
Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments								
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.								
FEE CALCULAT	ION							
1. EXTRA C	LAIM FEES	Extra Fee from			_			
Total Obies		Claims below Fe	e Paid					
Total Claims Independent	18 _ 25 _	0 X 50.00	\$0.00					
Claims	2 3' =	0 x 200.00 =	\$0.00					
Multiple Dependent		f						
	Small Entity	Fee Description						
	Fee Fee <u>!</u> Code (\$)	ree Description						
		Claims in excess of 20						
		Independent claims in excess of 3 Multiple Dependent claim, if not paid						
1204 790 2	204 395	*Reissue independent claims over origin *Reissue claims in excess of 20 and over		tent	**or number (previously paid, if greater, For Reissues, see below		
1205 300 2	.200	OTAL (1) (\$)	0.00			,		
	••••	(4)	0.00					
2. ADDITIO	NAL FEES							
Large Entity	Small Entity	<u>y</u>						
Fee Fee Code (\$)	Fee Fee (\$)	Fee Description				Fee Paid		
1051 130	2051 65	•						
1052 50	2052 25		r cover shee	t.				
2053 130	2053 130							
1251 120 1252 450	2251 60 2252 225		th					
1253 1,020	2253 510							
1254 1,590 1255 2,160	2254 795 2255 1,080							
1401 500	2401 250							
1402 500	2402 250							
1403 1,000 1451 1,510	2403 500 2451 1.510		eding					
1460 130	2460 130	Petitions to the Commissioner	ŭ					
1807 50 1806 180	1807 50 1806 180		Stmt					
1809 790	1809 395			.129(a))				
1810 790	2810 395	For each additional invention to be exa						
Other fee (specify)								
		SUBTOTAL (2)				(\$)		

SUBMITTED BY			Comp	Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	Ashley Mit			Date	02/06/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokooff, Taylor & Zafman (Mr) 12/15/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450